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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,389	11/25/2003	Masahiko Hatanaka	MAT-8475US	1655
23122 RATNERPRE	7590 10/31/200 STIA	EXAMINER		
P.O. BOX 980 VALLEY FORGE, PA 19482			DANG, DUY M	
			ART UNIT	PAPER NUMBER
			2624	
			MAIL DATE	DELIVERY MODE
			10/31/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No.

Applicant(s)

Interview Summary	10/721,389	HATANAKA ET AL.					
morrion cumulary	Examiner	Art Unit					
	Duy M. Dang	2624					
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All participants (applicant, applicant's representative, PT	O personnel):
(1) <u>Duy M. Dang</u> .	(3) <u>Denis Defino (Reg. #61,995)</u> .
(2) Lawrence E. Ashery (Reg. #34,515).	(4)
Date of Interview: 28 October 2008.	
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.
Claim(s) discussed: <u>claim 1</u> .	
Identification of prior art discussed: Bracamonte et al. (U	<u>SPN 6,668,089)</u> .
Agreement with respect to the claims f) $\hfill \square$ was reached.	g) was not reached. h) N/A.
discuss the claimed invention. The examiner agrees that	al nature of what was agreed to if an agreement was fino, applicant's representatives, contacted the examiner to the proposed amendment to claim 1 to include "different opproximate expressions" are not taught or suggested in the
(A fuller description, if necessary, and a copy of the ame allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attach	
GIVEN A NON-EXTENDABLE PERIOD OF THE LONGE	he last Office action has already been filed, APPLICANT IS R OF ONE MONTH OR THIRTY DAYS FROM THIS ITERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO
	/Duy M Dang/ Primary Examiner Art Unit 2624

Attachment to a signed Office action.

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PTOL-413 (Rev. 04-03)

Examiner Note: You must sign this form unless it is an

Examiner's signature, if required